



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION**

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)
PLACEMENT PARENTAL CONSENT FORM**

Youth Name: _____ **DOB:** _____

PRTF Placement:

I agree to be placed and fully participate in an appropriate psychiatric residential treatment facility and agree to submit to the care of the facility for diagnosis, observation, care and treatment until discharge is deemed appropriate. I understand that my civil rights and legal status is not affected by admission to a psychiatric residential treatment facility as a patient.

Youth's Signature

Date

Witness

Date

I have the authority to consent for the aforementioned youth for admission and treatment. I agree to and support the placement of _____ for diagnosis, observation, care, and treatment at a PRTF until discharge is deemed appropriate.

Parent, Guardian, Custodian, or their Representative's Signature

Date

Witness

Date

An evaluation by a psychiatrist, psychologist or other appropriate mental health professional has determined this youth has a qualifying serious emotional disturbance that necessitates placement in a PRTF.

Caseworker or JPO Signature

Date

**Approved by:
YCC Bureau Chief/Superintendent or Designee's Signature**

Date

These sections of Montana Code Annotated guide the department's decision process for placing youth:
[Mont. Code Ann. § 41-5-1504\(3\)](#); [Mont. Code Ann. § 41-5-1513\(1\)\(e\)](#); [Mont. Code Ann. § 41-5-1522](#).